

FORM

2

Rev
12/05

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

APPLICATION FOR PERMIT TO:

1. ☒ Drill, ☐ Deepen, ☐ Re-enter, ☐ Recomplete and Operate

2. TYPE OF WELL

OIL ☐ GAS ☒ COALBED ☐ OTHER _____
SINGLE ZONE ☐ MULTIPLE ZONE ☒ COMMINGLE ZONE ☐Refiling ☐Sidetrack ☐

Document Number:

400070762

Plugging Bond Surety

20030107

3. Name of Operator: WILLIAMS PRODUCTION RMT COMPANY

4. COGCC Operator Number: 96850

5. Address: 1515 ARAPAHOE ST STE 1000

City: DENVER State: CO Zip: 80202

6. Contact Name: Matt Barber Phone: (303)606-4385 Fax: (303)629-8275

Email: matt.barber@williams.com

7. Well Name: Federal RG Well Number: 513-14-298

8. Unit Name (if appl): Unit Number:

9. Proposed Total Measured Depth: 10942

WELL LOCATION INFORMATION

10. QtrQtr: NESW Sec: 14 Twp: 2S Rng: 98W Meridian: 6

Latitude: 39.873612 Longitude: -108.363589

Footage at Surface: 1454 FNL/FSL FSL 1721 FEL/FWL FWL

11. Field Name: Sulphur Creek Field Number: 80090

12. Ground Elevation: 6603.5 13. County: RIO BLANCO

14. GPS Data:

Date of Measurement: 03/26/2010 PDOP Reading: 1.7 Instrument Operator's Name: Michael Langhorne

15. If well is ☒ Directional ☐ Horizontal (highly deviated) submit deviated drilling plan.Footage at Top of Prod Zone: FNL/FSL FEL/FWL Bottom Hole: FNL/FSL FEL/FWL
1740 FSL 636 FWL 1740 FSL 636 FWL
Sec: 14 Twp: 2S Rng: 98W Sec: 14 Twp: 2S Rng: 98W16. Is location in a high density area? (Rule 603b)? ☐ Yes ☒ No

17. Distance to the nearest building, public road, above ground utility or railroad: 6134 ft

18. Distance to nearest property line: 6684 ft 19. Distance to nearest well permitted/completed in the same formation: 312 ft

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
Iles	ILES			
Sego	SEGO			
Williams Fork	WMFK			

21. Mineral Ownership: ☐ Fee ☐ State ☒ Federal ☐ Indian Lease #: COC066586

22. Surface Ownership: ☐ Fee ☐ State ☒ Federal ☐ Indian

23. Is the Surface Owner also the Mineral Owner? ☒ Yes ☐ No Surface Surety ID#:

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? ☒ Yes ☐ No

23b. If 23 is No ☐ Surface Owners Agreement Attached or ☐ \$25,000 Blanket Surface Bon ☐ \$2,000 Surface Bond ☐ \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
T2S-R98W 6th PM; State: Colorado; County: Rio Blanco; Sec. 12: Lot 11-16; Sec. 14: Lot 2-7; Sec. 14: SW, W2SE

25. Distance to Nearest Mineral Lease Line: 636 ft 26. Total Acres in Lease: 666

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? ☐ Yes ☒ No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? ☐ Yes ☒ No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? ☐ Yes ☒ No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? ☐ Yes ☐ No If 28, 29, or 30 are "Yes" a pit permit may be required.

31. Mud disposal: ☐ Offsite ☒ Onsite

Method: ☐ Land Farming ☐ Land Spreading ☐ Disposal Facility Other: Evaporation and Backfilling

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	24	18	48	80	135	80	
SURF	14+3/4	9+5/8	36	3,018		3,018	
3RD	8+3/4	4+1/2	11.6	10,942		10,942	

32. BOP Equipment Type: ☒ Annular Preventer ☒ Double Ram ☐ Rotating Head ☐ None

33. Comments Cement will be circulated to the surface in the Conductor String. Cement will be circulated to 200' above the uppermost Mesaverde sand in the Production String.

34. Location ID: _____

35. Is this application in a Comprehensive Drilling Plan ? ☐ Yes ☒ No

36. Is this application part of submitted Oil and Gas Location Assessment ? ☒ Yes ☐ No

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Matt Barber

Title: Sr. Regulatory Specialist Date: _____ Email: matt.barber@williams.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER

05

Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY:

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name	Doc Description
400070771	WELL LOCATION PLAT	Federal RG 513-14-298 Well Location Plat.pdf
400070772	TOPO MAP	TOPO MAP.pdf
400070774	DEVIATED DRILLING PLAN	Federal RG 513-14-298 Dir Plot #2 01apr10 jjb.pdf
400070775	DEVIATED DRILLING PLAN	Federal RG 513-14-298 Dir Plan #2 08apr10 jjb.pdf
400072013	FED. DRILLING PERMIT	Federal RG 513-14-298 BLM APD signed-6.pdf

Total Attach: 5 Files